

FORM OF NOMINATION

10109100

RELIANCE INDUSTRIES LTD. EMPLOYEES GRATUITY FUND

1. Name of the Employee **MR. HIMANSHU RAJ**
(Name in block letters)
2. Sex **Male** 3. Religion **Hindu**
4. Father's Name **Rakesh Kumar**
5. Husband's Name
(for married woman only)
6. Marital Status **Single** (whether married, unmarried, widow, widower)
7. Date of Birth : Day **04** Month **06** Year **2004**
8. Permanent Address **NA**
P.O. Lodipur Niwada, Vill. Niwada
Village Hamirpur Taluka / Sub-division
Post Office 210501
District Hamirpur State Uttar Pradesh

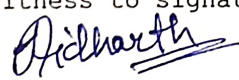
I hereby nominate the person(s) mentioned below to receive the amount of Gratuity Fund in the event of my death before that amount become payable, has not been paid, and direct that the said amount shall be distributed among the said person(s) in the manner shown against their names :

Name & Address Of Nominee or Nominees	Nominee's Relationship with employee	Age of Nominee	Proportion to be paid to each Nominee***
Rakesh Kumar	Father	45 Yrs.	50.00%
Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP, 210501			
Jay Kunwar	Mother	40 Yrs.	50.00%
Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP, 210501			

1. Certified that I have no family and should I acquire family hereafter, the above nomination should be deemed as cancelled.
2. * Certified that my father/mother/sister(s)/ minor brother(s) is/ are dependent upon me.

Dated this **Thirtieth** day of **August** ' **2025**
at **Jamnagar**.

Two witness to signature

1. 
2. **Riddhiman Purokayasth**


(Signature of Employee).

Certified that the above declaration has been signed by Shri/Smt.
before me after*** he/ she has read the entries / * the entries have been read over
to him/ her by me.

Signature of the Employer/ Officer Authorised.

**FORM OF NOMINATION FOR PAYMENT OF THE AMOUNT SECURED
UNDER GROUP SAVINGS LINKED INSURANCE (GSLI)**

To,
HR Manager
Reliance Industries Ltd.
Mumbai

Dear Sir/Madam:

I, Mr./Mrs./Ms. Himanshu Raj am engaged as an employee with Reliance Industries Ltd. under the terms of my employment, the company has extended the benefit of Group Savings Linked Insurance to me and I am covered under the said Group Policy of the Company during the term of my employment with the Company.

I hereby nominate the person(s) mentioned below to receive the amount secured by Group Savings Linked Insurance and direct that the said amount shall be paid to my nominee(s), as the case may be, as per my directions given herein.

I agree that payment of the amount secured by the said policy to the nominee(s) in accordance with my directions contained in this letter of nomination shall constitute a full discharge to Reliance Industries Ltd. of its liability in respect of the amount secured by the said policy and it shall be binding on me and my legal heir(s), representative(s), Nominee(s).

The nomination shall be in force until revoked by me in writing or varied by subsequent nomination(s) and communicated to you.

Name and address of the Nominee(s)	Nominee(s) Relationship with Employee	Age of Nominee (In Years)	% of Share Payable to the Nominee (s)	If the Nominee is minor, details of guardian who may receive the amount on behalf of the minor during the nominee's minority
Rakesh Kumar Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP , 210501	Father	45 Yrs.	50.00%	
Jay Kunwar Vill. Niwada P.O. Lodipur Niwada, Dist. Hamirpur, UP , 210501	Mother	40 Yrs.	50.00%	

**FORM OF NOMINATION FOR PAYMENT OF THE AMOUNT SECURED
UNDER GROUP SAVINGS LINKED INSURANCE (GSLI)**

Signed at... Jamnagarthis **Thirtieth** day of **August** ' **2025** .

Kimanshu Raj
(Signature of Employee)
E.C.No.- 10109100

Witnessed by :

1.Name : Sidharth Singh Baghel
Address : Wehra Nagar, Rewa (M.P)

Signature : Sidharth

2.Name : Riddhiman Purkayastha
Address : Ambar Apartment, 105 Purbachel Road , Kolkata - 78

Signature : Riddhiman Purkayastha

**FORM OF NOMINATION FOR PAYMENT OF THE AMOUNT SECURED
UNDER PERSONAL ACCIDENT INSURANCE POLICY (GROUP) & TERM LIFE
INSURANCE POLICY (GROUP)**

To,
HR Manager
Reliance Industries Ltd.

Dear Sir/Madam:

I, Mr./Mrs./Ms. Himanshu Raj am engaged as an employee with Reliance Industries Ltd. under the terms of my employment, the company has extended the benefit of Personal Accident Insurance and Term Life Insurance to me and I am covered under the said Group Policies of the Company during the term of my employment with the Company.

I hereby nominate the person(s) mentioned below to receive the amount secured by Personal Accident Insurance Policy (Group) & Term Life Insurance Policy (Group) and direct that the said amount shall be paid to my nominee(s), as the case may be, as per my directions given herein.

I agree that payment of the amount secured by the said policy to the nominee(s) in accordance with my directions contained in this letter of nomination shall constitute a full discharge to Reliance Industries Ltd. of its liability in respect of the amount secured by the said policy and it shall be binding on me and my legal heir(s), representative(s), Nominee(s).

The nomination shall be in force until revoked by me in writing or varied by subsequent nomination(s) and communicated to you.

Name and address of the Nominee(s)	Nominee(s) Relationship with Employee	Age of Nominee (In Years)	% of Share Payable to the Nominee (s)	If the Nominee is minor, details of guardian who may receive the amount on behalf of the minor during the nominee's minority
Rakesh Kumar Vill. Niwada, P.O. . Lodipur Niwada, Hamirpur, UP, 210 501	Father	45 Yrs.	50.00%	
Jay Kunwar Vill. Niwada, P.O. . Lodipur Niwada, Hamirpur, UP, 210 501	Mother	40 Yrs.	50.00%	

**FORM OF NOMINATION FOR PAYMENT OF THE AMOUNT SECURED
UNDER PERSONAL ACCIDENT INSURANCE POLICY (GROUP) & TERM LIFE
INSURANCE POLICY (GROUP)**

Signed at Jamnagar this **Thirtieth** day of **August** ' 2025 .

Himanshu
Rey
(Signature of Employee)
E.C.No. - 10109100

Witnessed by :

1. Name : Sidharth Singh Baghel
Address : Nehru Nagar, Rewa (M.P)

Signature : Sidharth

2. Name : Riddhimom Purkayasth
Address : Ambar Apartment, 105 Prabachel
Road, Kolkata - 78

Signature : Riddhimom Purkayasth

NOMINATION FOR PAYMENT OF THE AMOUNT SECURED UNDER GROUP TERM ASSURANCE SCHEME (GTAS)

To,
HR Manager
RELIANCE INDUSTRIES LTD.

Dear Sir/Madam:

I, Mr./Mrs./Ms. Mr. Himanshu Raj am engaged as an employee with RELIANCE INDUSTRIES LTD. under the terms of my employment, the company has extended the benefit of of Group Term Assurance Scheme to me and I am covered under the said Group Policy of the Company during the term of my employment with the Company.

I hereby nominate the person(s) mentioned below to receive the amount secured by Group Term Assurance Scheme and direct that the said amount shall be paid to my nominee(s), as the case may be, as per my directions given herein.

I agree that payment of the amount secured by the said policy to the nominee(s) in accordance with my directions contained in this letter of nomination shall constitute a full discharge to RELIANCE INDUSTRIES LTD. of its liability in respect of the amount secured by the said policy and it shall be binding on me and my legal heir(s), representative(s), Nominee(s).

The nomination shall be in force until revoked by me in writing or varied by subsequent nomination(s) and communicated to you.

Name and address of the Nominee(s)	Nominee(s) Relationship with Employee	Age of Nominee (In Years)	% of Share Payable to the Nominee (s)	If the Nominee is minor, details of guardian who may receive the amount on behalf of the minor during the nominee's minority
Rakesh Kumar Vill. Niwada P.O. Lodipur Niwada, D ist. Hamirpur, UP , 210501	Father	45 Yrs.	50.00%	
Jay Kunwar Vill. Niwada P.O. Lodipur Niwada, D ist. Hamirpur, UP , 210501	Mother	40 Yrs.	50.00%	

**FORM OF NOMINATION FOR PAYMENT OF THE AMOUNT SECURED
UNDER GROUP TERM ASSURANCE SCHEME (GTAS)**

Signed at. Jamnagarthis Thirtieth day of August ' 2025 .

Himanshu Jay
(Signature of Employee)
E.C.No. - 10109100

Witnessed by :

1. Name : Sidharth Singh Baghel
Address : Nehru Nagar, Rewa (M.P)

Signature : Sidharth

2. Name : Riddhiman Purkayastha
Address : Ambal Apt, 105 Purkachel
Road, Kolkata - 78

Signature : Riddhiman Purkayast

FORM-2 (REVISED)

NOMINATION AND DECLARATION FORM
FOR UNEXEMPTED / EXEMPTED ESTABLISHMENTS

Declaration and Nomination Form under the Employees' Provident Funds
& Employees' Pension Scheme,
(paragraph 33 & 61(1) of the Employees' Provident Fund Scheme, 1952 & Paragraph 18 of the
Employees' Pension Scheme, 1995)

1. Name (in Block letters)	Mr. Himanshu Raj	7. Account No	10109100
2. Father's/Husbands Name:	Rakesh Kumar	8. Address:	NA
3. Date of Birth:	04.06.2004	Permanent:	P.O. Lodipur Niwada, Vill. Niwada
4. Sex :	Male		210501
			Hamirpur
			Hamirpur
			Uttar Pradesh
5. Marital Status:	Single	Temporary :	
6. DOJ :	29.08.2025		Ganganagar
			Ganganagar
			210001
			Banda
			Banda
			Uttar Pradesh

PART-A (EPF)

I hereby nominate the person(s) / cancel the nomination made by me previously and nominate the person(s) mentioned below to receive the amount standing to my credit in the Employees' Provident Fund, in the event of my death.

Name & Address of Nominees	Nominee's relationship with the member	Date of birth	Total amt. or share of accumulations in Provident fund to be paid to each nominee	If the nominee is a minor, name & relationship & Address of the guardian who may receive the amount during the minority of nominee
(1) & (2)	(3)	(4)	(5)	(6)
Rakesh Kumar Vill. Niwada, P.O. Lodipur Niwada, Dist. Hamirpur, UP	Father	01.01.1980	50.00	
Jay Kunwar Vill. Niwada, P.O. Lodipur Niwada, Dist. Hamirpur, UP	Mother	05.07.1985	50.00	

1 * Certified that I have no family as defined in para 2(g) of the employees' Provident Fund Scheme, 1952 and should I acquire a family hereafter the above nomination should be deemed as cancelled.

2 * Certified that my Father / Mother is / are dependent upon me.

Strike out whichever is not applicable

Signature thumb impression of the subscriber

PART B (EPF)

(PARA 18)

I hereby furnish below particulars of the members of my family who would be eligible to receive widow/children pension in the event of my death

S.No	Name of the family member	Address	Date of Birth	Relationship with the member
(1)	(2)	(3)	(4)	(5)

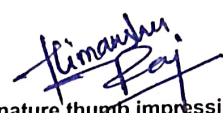
* Certified that I have no family, as defined in para2 (Vii) of the Employees ' Provident Scheme, 1995 and should i acquire a family hereafter I shall furnish particulars thereon in the above form.

I hereby nominate the following person for receiving the monthly widow pension (admissible under para 16 (2) (a) (i) & (ii) in the event of my death without leaving any eligible family member for receiving pension.

Name & address of the Nominee	Birth Date	Relationship with the member
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Date: 23rd September 2025

* strike out whichever is not applicable


Signature thumb impression of the subscriber

CERTIFICATE BY EMPLOYER

Certified that the above declaration and nomination has been signed/ thumb impressed before me by Shri/Smt./Kum. _____ employed in my establishment after he/she has read the entries/entries have been read over to him/her by me and got confirmed by him her.

Place

Signature of the employer or other authorised officers of the establishment

Dated:

Designation

10109100

Name & Address of the Factory/Establishment of Rubber stamp thereof.